

**District of Columbia**  
DC HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION  
**LICENSE REINSTATEMENT APPLICATION**

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HRLA's toll-free Customer Service line Monday through Friday, 8AM to 5PM EST at 1-(877) 672-2174. *A Charge of \$85.00 will be imposed for dishonored checks (Public Law 89-208)*

**SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 5 and 6 on Page 2.**

Preferred mailing address: \_\_\_\_\_ License Number: \_\_\_\_\_  
 \*SSN/FEIN: \_\_\_\_\_  
 Birth date: \_\_\_\_\_  
 Other Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revision Act), **applicants are required to provide a Social Security Number (SSN)** on applications for a professional license. Please provide your Social Security Number in Section 5 of this form. If a Social Security Number is not available, a sworn affidavit stating that you do not have a Social Security Number must be submitted on a separate notarized letter.

**SECTION 2. SPECIAL INSTRUCTIONS**

- Your license was not renewed by the end of the 60-day late renewal period allotted after the expiration date of your license.
- You must reinstate your license in order to practice your profession in the District of Columbia.
- You must provide a written letter explaining why you did not renew your license.
- Please list all states or jurisdictions where you currently hold a professional license: \_\_\_\_\_
- You must provide an official letter of verification showing that you are currently licensed in good standing for each state you listed above. That state or jurisdiction should send this official letter directly to the D.C. Board of Veterinary Medicine.
- You must also provide a copy of the license for each state you listed above.
- Regardless of whether you are licensed in another state or jurisdiction, you are also required to complete the CE requirements outlined in the Continuing Education Information section below. You must attach Certificates of Completion totaling the number of CE Required.
- You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must apply as a new applicant. If you are approved for license as a new applicant then a new license number will be issued to you.

**IMPORTANT NOTICE:** In compliance with 17 DCMR 4001.1(c), please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Please send the photos along with your Reinstatement Application form. Photos will be placed on the pocket license. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity. **Your application is not complete and your license will not be reinstated until your photos are received.**

**CRIMINAL BACKGROUND CHECK:** For payment and to schedule an appointment (Call 1-877-783-4187 or [www.L1enrollment.com](http://www.L1enrollment.com)) **ALL APPLICANTS ARE REQUIRED TO UNDERGO A CRIMINAL BACKGROUND CHECK EFFECTIVE JULY 1, 2014.**

Be sure to keep a copy of this reinstatement form and your payment for your records. Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address below. This will help ensure that you receive your next renewal notice in a timely manner.

**SECTION 3. LICENSE REINSTATEMENT AND FEES – Select the type of action you wish to take for your license.**

Please check the appropriate box(es).	FEE	TOTAL
A. <input type="checkbox"/> Deceased * (see notes)	\$ 0.00	
B. <input type="checkbox"/> Reinstatement	\$ 202.00	
c. <input type="checkbox"/> Cancel ** (see notes)	\$ 0.00	
d. <input type="checkbox"/> Duplicate Licenses	Qty: ____ X \$34.00	

Make check or money order payable to <b>DC Treasurer</b> and mail to: <b>HRLA1-Board of Veterinary Medicine</b> P.O. Box 37801 Washington, D.C. 20013 Phone: 1-877-672-2174 <a href="http://www.doh.dc.gov">www.doh.dc.gov</a>	OFFICE USE ONLY			Total Enclosed \$ _____.00
	Check/MO \$	Check/MO #	Clerk	
	\$ _____.00			

**SECTION 4. CONTINUING EDUCATION INFORMATION**

CE Required = <b>36</b>	CE Completed = _____	All CE Completion Dates Should Be Between: <b>01/01/20 – 12/31/20</b>	OFFICE USE ONLY	
			____.____ CE	<input type="checkbox"/> W <input type="checkbox"/> Att
			Did the applicant attach required photos?	<input type="checkbox"/> Y <input type="checkbox"/> N
			Did the applicant attach required photo ID?	<input type="checkbox"/> Y <input type="checkbox"/> N

**ADDITIONAL CE INFORMATION:**  
If you have let your license to practice Veterinary Medicine in the District of Columbia lapse since your last renewal, then you must submit copies of Certificates of Completion as proof of having completed forty (36) CEUs of approved education credit for each year your license was lapsed.

**Notes:**  
 \* If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.  
 \*\* If you cancel your license, you must sign and return the reinstatement application. You may not practice in the District of Columbia until you re-apply as new license applicant and are approved by the DC Health Professional Licensing Administration for a new license. Upon approval, you will be issued a new license number.

**SECTION 5. NAME CHANGE**

If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a copy of marriage certificate, divorce decree, or court order

FIRST NAME	MI	LAST NAME	(SUFFIX: Jr., Sr. etc.)
DATE OF BIRTH CORRECTION	SSN CORRECTION * (Required)		

**SECTION 6. APPLICANTS MUST ANSWER ALL QUESTIONS**

<b>A</b>	<p style="text-align:center;"><b><u>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</u></b></p> <p>Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).</p> <p><b>PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Support Act of 2006) you cannot be issued a license if you have failed to file your District tax returns.</b></p> <p><b>IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.</b></p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:</p> <ol style="list-style-type: none"> <li>1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);</li> <li>2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);</li> <li>3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);</li> <li>4. Past due taxes;</li> <li>5. Past due District of Columbia Water and Sewer Authority service fees; or</li> <li>6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</li> </ol> <p><b>The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.)</b></p>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>
<b>B</b>	<p>Have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?</p>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>
<b>C</b>	<p>Please answer with respect to DC or any other jurisdiction/state:</p> <ol style="list-style-type: none"> <li>1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession or voluntarily surrendered a license after formal changes have been filed against you or while under investigation?</li> <li>2) Has any authority or peer review board taken adverse action against your license or privileges or informed you of any pending charges not previously reported to the Board?</li> <li>3) Have you been or are you currently under investigation by any authority or peer review board for any violation of state, federal, or local law?</li> <li>4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?</li> <li>5) Have you voluntarily surrendered your license?</li> <li>6) Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any animal facility?</li> </ol>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>
<b>D</b>	<p>Do you have a physical or mental condition that currently impairs your ability to practice your profession?</p>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>
<b>E</b>	<p>Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? have you been diagnosed or treated for substance abuse?</p>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>
<b>F</b>	<p>Have you been involved in a malpractice suit or had a malpractice suit brought against you? If yes, provide date of incident, allegation, and disposition of case.</p>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>
<b>G</b>	<p>Have you ever been terminated from or resigned from employment or a clinical or professional training program due to a practice issue?</p>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>
<b>H</b>	<p>Do you currently practice your profession in the District of Columbia?</p>	<p><b>Yes</b> <input type="checkbox"/></p> <p><b>No</b> <input type="checkbox"/></p>

**SECTION 7. LICENSEE AFFIDAVIT**

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

LICENSEE SIGNATURE	LICENSEE NAME (Please print)	DATE
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